

Return to:
Licensing Services
Dept. of Banking and
Insurance
PO Box 473
Trenton, NJ 08625

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
LICENSING SERVICES BUREAU

HIGH-COST HOME LOAN CREDIT COUNSELING SERVICE
REGISTRATION

TYPE OR PRINT CLEARLY

1. Name of Applicant:_____

D/B/A or Trade Name (if applicable)_____

2. New Jersey principal office address: _____
(include city, state, county, zip code & phone #)

3. Address of each additional location where counseling will occur:
(include city, state, county, zip code & phone #)_____

(A listing of other locations can be an attachment as long as all information requested above is provided).

4. Name of Branch Manager/Person in Charge of this location_____

5. Has any director, trustee or member of an advisory or other similar committee ever had a license, permit or other authorization (other than a driver's license) suspended or revoked by this or any other state or has been affiliated, directly or indirectly, with any organization that has had such a license suspended or revoked?
(A yes response requires a written explanation).

Signature of Corporate President, Partner, Sole Proprietor or
Licensed Individual

Date

Signature of Secretary of Corporation

Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)